

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
<b>Brian Perron (#167203)</b>	<b>08-C-2757</b>
DEFENDANT	TYPE OF PROCESS
<b>County of Dupage, etal.</b>	<b>Summons and Complaint</b>

SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	<b>John E. Zaruba, Sheriff of DuPage County Jail</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<b>501 N. County Farm Road Wheaton, IL 60187 / C/D Civil Division</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<b>Brian Perron - #167203</b> <b>Dupage County Jail - (DCJ)</b> <b>P.O. Box 957</b> <b>Wheaton, IL 60187</b>		Number of parties to be served in this case	3
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
FoldAdministration Phone # (630) 682-7269  
Civil Division Phone: (630) 682-7250FILED  
JUN 12 2008  
JUN 12 2008 YMMICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
<del>XXXXXX</del> PLAINTIFF <input type="checkbox"/> DEFENDANT		

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>2 of 3</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>R.T.</b>	Date <b>5-29-8</b>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <b>CHIEF BILLOREAU</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>6/3/08</b>
	Time <b>3:00 PM</b>
	Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<b>one service fee charged same case + location.</b>						

REMARKS:

1 USM  
2 HOURS  
40 miles RT

see process sheet # 1 for charges